

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/ 586 350

FILING DATE
7-14-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		1		1		
5			1			
6				1		
7					1	
8		2				
9	1		1			
10		1				
11						
12	2					
13	1		1			
14						
15		1		1		
16	1					
17					1	
18						1
19						
20	1					
21		1		1		
22					1	
23						1
24						
25						
26	1	1				
27	1		1			
28		1		1		
29	1		1			
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48						
49						
50						
TOTAL IND.			13			
TOTAL DEP.			18			
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						